

# Martial Arts Belt Test Participation Consent

Student Name

Date of Birth

Belt Test Level

Instructor

## Consent Agreement

I acknowledge that participation in the Martial Arts Belt Test involves physical activity and carries a risk of injury. I affirm that the participant is in good health and able to participate. I agree to follow all safety instructions and understand that I may consult with the instructor regarding any concerns. By signing below, I consent to participation in the test and assume all risks associated with involvement.

Medical Conditions / Concerns (if any)

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date